



Name: _____ Country of Residence: _____

MMS Student Number: _____

Please list the classes you are registering for at this program:

Are you paying the (please check one):

Deposit

Balance

Full Amount

PAYMENT INFORMATION

By completing this form you are indicating that you give Modern Mystery School full permission to process the amount specified on the credit card provided below.

Amount authorized to be made at this time: _____

Credit Card: (Please circle one) VISA MasterCard AmEx

Credit Card Number: _____

Expiry Date: ____/____ CVV (Security code): _____

Signature: _____ Date: _____

PLEASE READ AND INITIAL BESIDE EACH STATEMENT:

____ Registration is complete upon placing deposit.

____ Payments are non-refundable and non-transferable for ANY reason.

____ Classes added or changed at a later date will be subjected to an additional administrative fee of \$50 per class or change to registration.

____ All information must be filled out in full. Any missing information will delay your registration.

____ The remaining balance for the full registration is due as indicated for the specific class.

Please send completed form to the Modern Mystery School by email
info@modernmysteryschoolint.com or by fax 647-430-8491.